DOCUMENT RESUME

ED 237 833 CG 017 087

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TITLE General and Specific Psychotherapy Role Induction with Substance Abusing Clients.
PUB DATE 83
NOTE 13p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adjustment (to Environment); Counseling Effectiveness; *Drug Abuse; Drug Rehabilitation; Drug Use; *Expectation; *Orientation; Perception; *Psychotherapy; *Role Perception; *Socioeconomic Status

ABSTRACT

Successful outcome in psychotherapy depends, in part, on clients' preconceptions and expectations. Research has shown that inaccurate expectations are more prevalent among lower socioeconomic status clients, who also represent the majority of substance abusers in community treatment programs. To investigate the effect of general and specific psychotherapy role induction on return rates and attendance in psychotherapy with substance abuse clients, 68 males and 53 females, aged 14-63, with a mean monthly income of $531, participated in one of four therapy groups. Prior to treatment, the subjects received an intake interview and either a general psychotherapy role induction, a drug treatment specific role induction, or were placed in one of two control conditions. The role induction presentations focused on therapy goals and outcomes, and participant roles and functions. Specific goals related to substance abuse were presented in the specific role induction condition. An analysis of the results showed that subjects who received role induction procedures were more likely than controls to return after the intake interview. Furthermore, subjects who received the drug treatment specific role induction returned at a significantly higher rate than all other clients. Role induction had no effect on continuation in treatment. (Author/BL)

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ED237833

General and Specific Psychotherapy Role Induction with Substance Abusing Clients

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Comprehensive Options for Drug Abusers

Portland, Oregon

1983

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Running head: ROLE INDUCTION WITH SUBSTANCE ABUSING CLIENTS

Abstract

The present study examined the effects of general and specific psychotherapy role induction on return rates and attendance in psychotherapy for substance abusing clients. The subjects were 111 of 129 consecutive applicants to a community outpatient drug treatment center. Following a standard intake interview, clients received either a general psychotherapy role induction, a drug treatment specific role induction or were placed in one of two control conditions. Results indicated that clients who received role induction procedures were more likely than controls to return after the intake interview. Furthermore, clients who received the drug treatment specific role induction returned at a significantly higher rate than all other clients. Analysis of attendance rates after three months showed that role induction had no effect on continuation in treatment.

General and Specific Psychotherapy Role Induction with Substance Abusing Clients

Successful outcome in psychotherapy depends, in part, on clients' preconceptions and expectations as they begin the therapeutic experience (Frank, 1959; Lennard and Bernstein, 1960; Tollinton, 1973). Despite conflicting evidence, the literature suggests that inaccurate expectations of psychotherapy are more prevalent among lower SES clients (Lorion, 1978). Such clients are less likely to seek psychological treatment until the problems are overwhelming, and are likely to terminate prematurely (Heitler, 1976).

Substance abusers in community treatment agencies are predominately lower SES clients and commonly have difficulty with attendance in treatment. This information is particularly important in light of Simpson's (1981) report that length of stay in therapy is the major variable predictive of successful outcome with substance abusers. Simpson's analysis of data from the DARP studies showed that length of stay was directly related to reductions in drug use and criminal behavior for clients who remained in treatment for longer than 90 days.

Previous studies have indicated that role induction procedures which explain the process of psychotherapy to clients at treatment entry improve attendance, reduce attrition (Albronda, Dean and Starkweather, 1964; Warren and Rice, 1972), and are associated with

favorable outcomes with lower SES clients (Heitler, 1973; Hoehn-Saric, Frank, Imber, Nash, Stone and Battle, 1964). Explanations of these results have emphasized the facilitation of the therapeutic alliance which occurs with increasing mutuality of therapist and client role expectations (Heitler, 1976). Factors such as therapist credibility (Beutler, et al., 1975), perceived competence (Saltzman, et al., 1976), and empathic understanding (Orlinsky & Howard, 1978) have been shown to be associated with favorable treatment outcome and may also contribute to the effectiveness of role induction procedures.

The present study employed both a general psychotherapy role induction, modeled after those used in previous research (Hoehn-Saric, et al., 1964) and a specific role induction procedure. The specific role induction followed a similar outline as the general but presented information particularly germane to the experience and treatment of substance abuse in order to enhance clients' perception of therapist credibility, competence and empathy. It was hypothesized that both role induction procedures would favorably affect client return rate and attendance in treatment and that the specific induction would be superior to the general.

Method

Subjects

Subjects were 111 of 129 consecutive applicants to a community outpatient drug treatment center in Portland, Oregon, who presented for admission from April through June 1982.

Eighteen individuals did not participate in the study because the intake interviewer determined that they were either inappropriate for treatment or in extreme crisis. Subjects were 68 males and 53 females whose ages ranged from 14 to 63 and whose monthly incomes ranged from 0 to $3600 with a mean of $531. Over 34% of these clients reported no monthly income whatsoever. Patterns of the primary substance of abuse were approximately: 20% heroin and other opiates, 31% cocaine, 20% amphetamines, 19% marijuana, 5% tranquilizers, sedatives and hypnotics, 5% others (e.g., inhalents, hallucinogens). Clients also exhibited a wide range of psychiatric syndromes including multiple and frequently long term personality problems.

Procedure

All subjects participated in the agency's standard intake interview of approximately 1 hour. The interview included a history-taking (family, social, educational, vocational and drug), a mental states examination, and an assessment of presenting problems and current level of functioning. Three CODA staff members were trained to administer both the standard intake interview and the various experimental procedures. Ninety of these interviews were administered by a psychiatric nurse, whereas a Master's level counselor performed sixteen and a psychologist conducted the remaining five. Following the intake interview and without any disruption, the clients received one of the following

experimental procedures to which they had been randomly assigned:

1. General Psychotherapy Role Induction (GPRI)

This consisted of a 15-minute verbal presentation of the general nature of psychotherapy. The presentation was modeled after those used previously (Hoehn-Saric, et al., 1964; Orne and Wender, 1968). It included information about the characteristic goals and outcomes of psychotherapy, the role of the participants, expected resistances, and stressed the importance of: (a) discussing troublesome thoughts and feelings, (b) being honest with the therapist, (c) taking an active role in therapy. Clients were also told that the process of therapy takes time, involves periods of distress and disappointment, and that therapy would not provide a cure for all of life's problems. However, it was suggested that therapy was likely to be effective and a description of its potential benefits was provided.

2. Drug Treatment Role Induction (DTRI)

This was also a 15-minute verbal presentation which followed the same general outline as GPSI. In addition, DTRI presented specific information about psychotherapy for substance abusers including: (a) the relationship between drug abuse and other problems, (b) the importance of honest disclosure about actual drug use, (c) the relationship between periods of distress and disappointment in treatment and the desire to use drugs, (d) denial and rationalizations associated with continued drug use, (e) the physical and psychological concomitants of abstinence.

3. Drug Information Control (DIC)

This was an attention placebo condition designed to control for the extra attention given in GPRI and DTRI. It consisted of a 15-minute verbal presentation of the physical and psychological effects of the clients' primary drug of abuse. The presentation included a simple explanation of pharmacological action and the short and long term effects of the drug.

4. No Treatment Control (NTC)

NTC merely consisted of the standard intake interview.

Results

Table 1 presents the total number of clients in each condition as well as the number who returned at least once after the initial appointment and the number still active at 90 days. Chi-square analysis of the number of clients who returned at least once

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Insert Table 1 about here

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demonstrates a significant difference between the four groups ($X^2 = 8.62$, $p < .05$). Further analysis reveals a significant difference between number of returnees in the combined experimental conditions (GPRI and DTRI) and those in the two control conditions (DIC and NTC) ($X^2 = 10.01$, $p < .01$). In addition there was a significant difference in return rates for GPRI and DTRI ($X^2 = 8.87$, $p < .01$). No such difference was found between DIC and NTC ($X^2 = .006$). Chi-square analysis of clients active after

90 days show no differences among the four conditions ($X^2 = .18$).

Dicussion

Commitment to treatment is the initial problem in psychotherapy with lower SES substance abusing clients. Evidence suggests that inaccurate expectations about the treatment process are one important cause of early dropout (Overall and Aronson, 1963). Results of the present study clearly indicate that role induction procedures have a positive effect on return rates after an initial intake interview. This finding, combined with the fact that role induction procedures had no effect on prolonged continuation in therapy, are consistent with Tollington's (1973) suggestion that initial expectations have impact early in treatment and that these effects quickly dissipate over time. Importantly, the more specific the role induction procedure, the more potent was its effect. Findings of no difference between the attention/control condition and the no-treatment/controls suggest that extra attention per se is not an adequate explanation of the role induction effect.

Overall, these findings are consistent with those of other studies which assert that role induction procedures improve attendance because they reduce cognitive inaccuracies regarding the nature of the treatment process (Heitler, 1976). Results also suggest the operation of additional variables. It is reasonable to assume that specific role induction provides a more accurate reflection of the client's experience and current needs and is

associated with perceived increases in therapist credibility, competence and empathy.

Specific role induction is a cost effective technique for radically improving initial attendance in therapy with substance abusing clients. Further research should investigate the effectiveness of role induction procedures that are targeted for other specific client populations that commonly have problems with initial commitment to treatment.

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Table 1

Comparison of Treatment Groups on Return and Continuation in Therapy

Group	Total N	Returned After Intake	Active 90 days
GPRI	25	18	16
DTRI	23	21	17
DIC	28	17	15
NTC	35	18	13